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From: Michael R. Ward

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ATTORNEY DOCKET NO: 546322000304

APPLICATION SERIAL NO.: 10/821,710

FILED: April 8, 2004

ART UNIT: 1636

EXAMINER: D. M. Sullivan

FIRST NAMED INVENTOR: Michael Wayne GRAHAM et al.

TITLE: CONTROL OF GENE EXPRESSION

ENCLOSURES:

- 1) Transmittal - 1 pg
- 2) Fee Transmittal, in duplicate - 1 pg in DUPL
- 3) Petition for Extension of Time - 1 pg
- 4) Response to Restriction Requirement - 8 pgs

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PTO/SB/21 (09-04)


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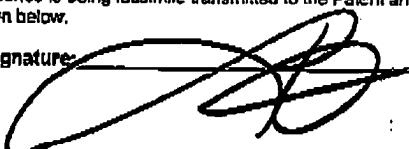
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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>		Application Number	10/821,710
		Filing Date	April 8, 2004
		First Named Inventor	Michael W. GRAHAM
		Art Unit	1636
		Examiner Name	D. M. Sullivan
Total Number of Pages in This Submission	12	Attorney Docket Number	546322000304

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form 1 pg IN DUPL <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply Response to Restriction of 10/15/04 - 8 pgs <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request-1 pg <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): VIA FACSIMILE
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)		
Signature			
Printed name	Michael R. Ward		
Date	December 15, 2004	Reg. No.	38,651

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete If Known		
FEE TRANSMITTAL for FY 2005				Application Number	10/821,710	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Filing Date	April 8, 2004	
				First Named Inventor	Michael W. GRAHAM	
				Examiner Name	D. M. Sullivan	
				Art Unit	1638	
TOTAL AMOUNT OF PAYMENT (\$)				120.00	Attorney Docket No.	546322000304
METHOD OF PAYMENT (check all that apply)						
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____						
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	FEE (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	
Design	200	100	100	50	130	
Plant	200	100	300	150	160	
Reissue	300	150	500	250	600	
Provisional	200	100	0	0	0	
2. EXCESS CLAIM FEES						
Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims					Fee (\$) 50 200 360	
					Small Entity Fee (\$) 25 100 180	
Total Claims		Extra Claims		Multiple Dependent Claims		
33	-33 or HP	-0-	x	=	-0-	
HP + highest number of total claims paid for, if greater than 20		Extra Claims		Fee Paid (\$)		
1		-3 or HP		-0-		
Indep. Claims		Extra Claims		Fee Paid (\$)		
1		-3 or HP		-0-		
HP + highest number of independent claims paid for, if greater than 3						
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fees Paid (\$)	
-0-	-100 =	-0-		150 =	-0-	
(round up to a whole number)x						
4. OTHER FEE(S)						
Non-English Specification, \$130 fee (no small entity discount)						
Other: <u>Petition for Extension of Time</u>					120.00	
SUBMITTED BY Morrison & Foerster LLP - Customer No. 20872						
Signature	<u>Michael R. Ward</u>		Registration No. (Attorney/Agent)	38,651	Telephone 415-268-6237	
Name (Print/Type)	Michael R. Ward		Date	December 15, 2004		

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PTO/SB/17 (12-04)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4319). FEE TRANSMITTAL for FY 2005		Complete If Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/821,710
		Filing Date	April 8, 2004
		First Named Inventor	Michael W. GRAHAM
		Examiner Name	D. M. Sullivan
		Art Unit	1636
TOTAL AMOUNT OF PAYMENT (\$): 120.00		Attorney Docket No.	546322000304
METHOD OF PAYMENT (check all that apply)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____			
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments			
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FEE CALCULATION			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES			
FILING FEES		SEARCH FEES	
Application Type	FEE (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	800	150	0-
Design	200	100	0-
Plant	200	100	0-
Reissue	300	150	0-
Provisional	200	100	0-
EXAMINATION FEES		EXAMINATION FEES	
Application Type	FEE (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	200	100	0-
Design	130	65	0-
Plant	160	80	0-
Reissue	600	300	0-
Provisional	0	0	0-
2. EXCESS CLAIM FEES			
Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims		Fee (\$) 50 200 360	Small Entity Fee (\$) 25 100 180
Total Claims 23	Extra Claims -3 or HP	Fee (\$) -0-	Fee Paid (\$) -0-
HP + highest number of total claims paid for, if greater than 20		Multiple Dependent Claims Fee (\$) -0-	
Indep. Claims 1	Extra Claims -3 or HP	Fee (\$) -0-	Fee Paid (\$) -0-
HP + highest number of independent claims paid for, if greater than 3			
3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or reaction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets -0-	Extra Sheets -100 =	Number of each additional 50 or reaction thereof 150 =	Fee (\$) -0-
(round up to a whole number) x		Fee Paid (\$) -0-	
4. OTHER FEE(S)			
Non-English Specification, \$130 fee (no small entity discount) Other: <u>Petition for Extension of Time</u>			120.00
SUBMITTED BY Morrison & Foerster LLP - Customer No. 20872			
Signature	<u>Michael R. Ward</u>	Registration No. (Attorney/Agent)	38;651 Telephone 415-268-6237
Name (Print/Type)	Michael R. Ward	Date	December 15, 2004

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